

EXHIBIT A

CLARICOM NETWORKS, LLC QUALIFICATION



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

DECEMBER 13, 2001

0063854-4

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604-1136

RE CLARICOM NETWORKS, LLC

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND AN APPROVED APPLICATION OF ADMISSION.

THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE (217)524-8008

JW:LLC

Form **LLC-45.5**
January 1999

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 359, Howlett Building
Springfield, IL 62756
<http://www.sos.state.il.us>

Payment must be made by certified check, cashier's check, Illinois attorney's C.P.A.'s check or money order, payable to "Secretary of State."

Illinois
Limited Liability Company Act
Application for Admission to Transact Business

Submit in Duplicate
Must be typewritten

This space for use by Secretary of State

Date 10-13-01
Assigned File # 8063-854-4
Filing Fee \$400
Penalty \$
Approved JB \$

This space for use by
Secretary of State

FILED

DEC 13 2001

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name: Clancom Networks, LLC
(Must comply with Section 1-10 of ILLCA or article 2 below applies.)
2. The assumed name, other than the true company name, under which the LLC proposes to transact business in Illinois is: _____
(If applicable, a form LLC-1.20, Application to Adopt an Assumed Name, is required to be completed and attached to this application.)
3. Federal Employer Identification Number (F.E.I.N.): 95-4884067
4. Jurisdiction of Organization: Delaware
5. Date of Organization: 08/23/2001
6. Period of Duration: Perpetual
(See #14 on back)
7. The address, including county, of the office required to be maintained in the jurisdiction of its organization, or if not required, of the principal place of business (Post office box alone and c/o are unacceptable):
2049 Century Park East, Suite 2700
(Number) (Street) (Suite)
Los Angeles, CA 90067
(City/State) (ZIP Code)
Los Angeles
(County)
8. Registered agent: C T Corporation System
(First name) (Middle Name) (Last Name)
Registered Office: c/o C T Corporation System, 208 South LaSalle Street
(Number) (Street) (Suite #)
(P.O. Box or c/o Chicago Cook Illinois 60604
(City) (County) (ZIP Code)
are unacceptable)
9. The date on which this foreign LLC first did business in Illinois: Upon qualification

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10. The purpose or purposes for which the company is organized and proposes to conduct in this State: Include the business code # (IRS Form 1065).

Telecommunications

11. The limited liability company is managed by:

☒ manager(s)

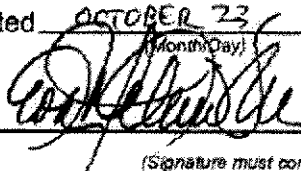
☐ vested in member(s)

12. The Illinois Secretary of State is hereby appointed the agent of the limited liability company for service of process under the circumstances set forth in a subsection (b) of Section 1-50 of the ILLCA.

13. This application is accompanied by a certificate of good standing or existence, as well as a copy of the articles of organization, as amended, duly authenticated within the last thirty (30) days, by the officer of the state or country wherein the LLC is formed.

14. If the period of duration is a date certain and is not stated in the Articles of Organization from the domestic state, a copy of that page from the Operating Agreement stating the date must also be submitted.

15. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated OCTOBER 23 2001
(Month/Day) (Year)

(Signature)
(Signature must comply with Section 5-45 of ILLCA)
Eva Kalawski, Manager
(Type or print name and title)

*(If applicant is a company or other entity, state name of company
and indicate whether it is a member or manager of the LLC.)

*Please refer to Sections 178.20(d) and (e) of the Administrative Rules

LLC-17.4